

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PB60213First Named Inventor:
Barry BARTONComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New Process

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International Application Number PCT/EP2004/004001 filed 13 April 2004 and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 0308696.4	GB	15 April 2003	X
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
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**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PB60213

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:


PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to **Customer Number 20462**Direct Telephone Calls to:
Andrea Lockenour
610 270 7568

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FAMILY NAME BARTON	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 9th July 2004
	RESIDENCE & CITIZENSHIP	CITY Worthing	STATE OR FOREIGN COUNTRY West Sussex, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539,	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939 US
202	FULL NAME OF INVENTOR	FAMILY NAME JENSEN	FIRST GIVEN NAME Susan	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Edmonton	STATE OR FOREIGN COUNTRY Alberta, Canada	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
203	FULL NAME OF INVENTOR	FAMILY NAME GRIFFIN	FIRST GIVEN NAME Alison	SECOND GIVEN NAME/INITIAL Michelle
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Worthing	STATE OR FOREIGN COUNTRY West Sussex, GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
204	FULL NAME OF INVENTOR	FAMILY NAME WONG	FIRST GIVEN NAME Annie	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Edmonton	STATE OR FOREIGN COUNTRY Alberta, Canada	COUNTRY OF CITIZENSHIP Canada
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US

DECLARATION FOR "371" APPLICATION

- 1 -

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Andrea Lockenour
610 270 7568

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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BARTON	Barry	
		Worthing	West Sussex, GB	GB
		GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539,	King of Prussia	Pennsylvania 19406-0939 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GRIFFIN	Alison	Michelle
		Worthing	West Sussex, GB	GB
		GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		JENSEN	Susan	
		Edmonton	Alberta, Canada	Canada
		GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		WONG	Annie	
		Edmonton	Alberta, Canada	Canada
		GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	King of Prussia	Pennsylvania 19406-0939, US

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U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
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			ABANDONED		
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>					
Address all correspondence and telephone calls to Customer Number 20462			Direct Telephone Calls to: Andrea Lockenour 610 270 7568		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2	FULL NAME OF INVENTOR	FAMILY NAME BARTON	FIRST GIVEN NAME Barry	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature		Date:	
	0	RESIDENCE & CITIZENSHIP	CITY Worthing	STATE OR FOREIGN COUNTRY West Sussex, GB	COUNTRY OF CITIZENSHIP GB
		POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539,	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939 US
2	FULL NAME OF INVENTOR	FAMILY NAME GRIFFIN	FIRST GIVEN NAME Alison	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature		Date:	
	0	RESIDENCE & CITIZENSHIP	CITY Worthing	STATE OR FOREIGN COUNTRY West Sussex, GB	COUNTRY OF CITIZENSHIP GB
		POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
2	FULL NAME OF INVENTOR	FAMILY NAME JENSEN	FIRST GIVEN NAME Susan	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date: <i>July 22, 2004</i>	
	0	RESIDENCE & CITIZENSHIP	CITY Edmonton	STATE OR FOREIGN COUNTRY Alberta, Canada	COUNTRY OF CITIZENSHIP Canada
		POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US
2	FULL NAME OF INVENTOR	FAMILY NAME WONG	FIRST GIVEN NAME Annie	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature <i>[Signature]</i>		Date: <i>July 22/04</i>	
	0	RESIDENCE & CITIZENSHIP	CITY Edmonton	STATE OR FOREIGN COUNTRY Alberta, Canada	COUNTRY OF CITIZENSHIP Canada
		POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline, Corporate Intellectual Property – UW2220, P O Box 1539	CITY King of Prussia	STATE & ZIP CODE/COUNTRY Pennsylvania 19406-0939, US